

SENIOR PROJECT AGREEMENT

ON/OFF CAMPUS CREDIT

We, the undersigned, agree to abide by the conditions and procedures of the Senior ON or OFF Campus Credit Program and any specific requirements of the selected Senior Project. The undersigned agree to waive any liability of the Sumner County Schools Board of Education and its employees or agents for any injuries or damages of any kind that might occur, whether to themselves or to others, while the student is participating in the program. The school reserves the right to contact any of the responsible parties to confirm the student's progress.

Student's Last Name, First name

FALL
Term

2018-2019
School Year

ON CAMPUS or OFF CAMPUS

Career Exploration () Community Service () Individual Skill Development ()

Location _____
Address where student will work toward goal phone number

SIGNATURES OF RESPONSIBLE PARTIES

Parent _____
PRINT NAME SIGNATURE DATE

Parent/Guardian address home phone work phone

FACULTY OR MENTOR _____
Qualified adult who will supervise student's experience date

Faculty/Mentor address home phone work phone

FACULTY ADVISOR CINDY TOWERS Cindy Towers August 7, 2018
signature date

PRINCIPAL ANN MILLER

STUDENT _____
PRINTED NAME signature

Student should complete the following statement:

"I expect to gain the following results from this experience:
